

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 185
Registered No. 379

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____

2. Full name of child Welsa Smithson (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Nov. 23, 1925
Month Day Year

8. FATHER
Full name John Henry Smithson

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Eden, Arizona
(State or country)

13. Occupation
Nature of industry Lumberman

14. MOTHER
Full maiden name Mildred Lines

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Cauc. 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Pima, Arizona
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 3:15 A. m. on the date above stated
(Born alive or stillborn.)

Signature Cyril M. Brown, M.D.
Physician (Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year

Filed Dec 4 1925 Registrar C. E. Dora

Registrar

425-1123-1127

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.